

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003011

Entity Name: PATRICK/JUDY LLC

FILED  
Feb 07, 2007  
Secretary of State

**Current Principal Place of Business:**

7105 EAGLE TERRACE  
WEST PALM BEACH, FL 33412 US

**New Principal Place of Business:**

**Current Mailing Address:**

7105 EAGLE TERRACE  
WEST PALM BEACH, FL 33412 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

HUFFSTUTTER, PATRICK E  
7105 EAGLE TR  
WEST PALM BEACH, FL 33412 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICK E HUFFSTUTTER

02/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HUFFSTUTTER, PATRICK  
Address: 7105 EAGLE TERRACE  
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: MGRM ( ) Delete  
Name: GERACI, JUDY  
Address: 7105 EAGLE TERRACE  
City-St-Zip: WEST PALM BEACH, FL 33412 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICK E HUFFSTUTTER

MGRM

02/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date